

## Executive Summary

### Geographic Coverage

This assessment covers Crook County, Deschutes County, Jefferson County, and Northern Klamath County (zip codes 97731, 97733, 97737, 97739) in Central Oregon. These areas also reside on lands of sovereign tribal nations including the Confederated Tribes of Warm Springs, Cow Creek Band of Umpqua Tribe of Indians, and Klamath Tribes.

### Key Strengths

**Community Assets** Central Oregonians demonstrate strong civic engagement, generosity, and mutual support. The region has 98 business, labor, political, professional, athletic, civic, volunteer, and religious membership associations per 100,000 population. Seventy-eight percent of residents live within a half mile of a publicly accessible park.

**Outdoor Recreation** Love for the outdoors is a defining community strength, with extensive access to parks, trails, and natural spaces that support physical activity and well-being.

**Health Care Coordination** Despite provider shortages, existing health care providers coordinate care effectively across the region. This includes strong collaboration among tri-county public health departments, St. Charles Health System, and Federally Qualified Health Centers.

### Critical Challenges

**Affordable Housing Crisis** Between 2017 and 2023, the number of people experiencing homelessness more than doubled (from 778 to 1,647). Twelve percent of survey respondents identified affordable housing as the most important aspect to improve quality of life. Populations with larger increases in homelessness included those 18 and older, previously sheltered individuals, females, and Native Americans.

**Health Care Access and Quality** Twenty-four percent of survey respondents reported health care supports as the most important supports they did not receive. The region faces significant barriers:

- Rate of primary care providers in Central Oregon: 93 per 100,000 people (lower than state average)
- Rate of dentists: 80 per 100,000 (compared to state average of 84)
- Rate of mental health providers: 151 per 100,000 (significantly lower than state average)
- Fifty-five percent of those not receiving health care supports cited difficulty accessing services
- Forty percent do not trust health care settings
- Fifteen percent lack a place to go for dental care

**Limited Number of Providers and Long Wait Times** Caregivers of children under five, high school students, Latino families, men working in manufacturing or construction, Northern Klamath community residents, older adults, rural migrant farmworkers, and traditional community health workers identified limited hours of operation, long wait times, not enough health care options or facilities, and distant services as barriers to health care.

**Transportation** Ten percent of survey respondents identified transportation as a barrier to accessing services. Four percent of occupied housing units do not have available vehicles. Only two percent of people walk to work and one percent bike to work.

**Economic Insecurity** Eleven percent of people in Central Oregon live in poverty. Children enrolled in Temporary Assistance for Needy Families: 11,138 on average per month. Twenty-one percent of survey respondents identified living wage jobs as the most important aspect to improve quality of life.

### Major Health Concerns

**Mental Health** Fifty-two percent of survey respondents identified mental health as one of the most important health concerns. Every four days, someone died by suicide in Central Oregon in 2021.

The suicide death rate (28 per 100,000) is higher than the state average (21 per 100,000). In the past year, 12,688 adults had serious thoughts of suicide, 21% had a mental illness, and 17% received mental health services.

**Substance Use** Fifty-eight percent of survey respondents identified alcohol, tobacco, and other drug use as one of the most important health concerns. Every five days, someone died from alcohol or drug poisoning/overdose in Central Oregon in 2021. Every 10 hours, someone died from a tobacco-linked cause. Alcohol use rates are higher than state averages (60% vs. 57%), with 26% reporting binge alcohol use and 10% heavy drinking. E-cigarette use is increasing, and marijuana use increased from 12% (2014-2017) to 22% (2018-2021) among adults.

**Chronic Disease** Twenty-nine percent of survey respondents identified nutrition, physical activity, and weight status as important health concerns, and 25% identified heart disease, stroke, and diabetes. Every nine hours, someone died due to heart disease, stroke, or diabetes in Central Oregon in 2022. Twenty-six percent of adults are obese, 29% have high cholesterol, 27% have high blood pressure, 10% have pre-diabetes, and 9% have diabetes.

### **Health Disparities**

Significant health disparities exist across the region based on geography, race, ethnicity, and socioeconomic status. Rural counties (Crook, Jefferson, Northern Klamath) experience fewer primary care providers, higher poverty rates, and greater transportation challenges compared to Deschutes County. Data limitations prevent detailed analysis of disparities within smaller demographic subgroups at the county level.

### **Data and Methodology**

This assessment combined quantitative secondary data sources with primary qualitative data from over 4,000 community members through surveys, focus groups, and listening sessions. The report acknowledges data gaps, particularly regarding disaggregated demographic information and smaller population groups, and addresses these through triangulation of multiple data sources.

## **Biggest Gaps in Service and Barriers to Care**

### **Provider Shortages**

#### **Primary Care Providers**

- Central Oregon: 93 per 100,000 people (1 primary care provider per 1,073 people)
- Lower than state average
- Crook County: 32 per 100,000
- Jefferson County: 56 per 100,000
- Deschutes County: 100 per 100,000

#### **Mental Health Providers**

- Central Oregon: 151 per 100,000 people (1 mental health provider per 194 people)
- Significantly lower than state average
- Identified as a critical gap by multiple population groups

#### **Dentists**

- Central Oregon: 80 per 100,000 people (1 dentist per 1,248 people)
- Lower than state average of 84 per 100,000
- 15% of survey respondents do not have a place to go for dental care

#### **Difficulty Getting Services (55% of those not receiving health care)**

- Not easy to get
- Not affordable (28%)
- Not high quality (16%)
- Not respectful (5%)

### **Long Wait Times**

- Limited hours of operation
- Wait times of literally six months before being able to see a dentist
- Depression patients report not having appointments for a month

### **Geographic Distance**

- Services not offered locally
- Distant services identified as barrier across multiple counties
- Serious wait time to get into doctors in local health clinics

### **Transportation**

- 10% identified transportation as barrier to accessing services
- 4% of occupied housing units do not have available vehicles
- Limited public transit options, especially in rural areas

### **Lack of Trust (40% unsure whether they trust health care settings)**

- 59% trust, 31% unsure, 9% do not trust
- Especially impacts non-English speaking populations

### **Cultural and Language Barriers**

- Lack of Spanish-speaking providers and interpreters
- Discrimination against those who don't speak English
- Need for clinics specifically serving immigrant populations
- Services not culturally appropriate

### **Quality Concerns**

- Service very bad in hospitals
- Health care system not built for current population
- Providers haven't been able to keep pace with population increases

### **Cost as Major Barrier**

- 28% cite affordability issues
- High cost of services
- Long wait times or lack of trust
- Insurance status (too expensive)

### **Mental Health and Substance Use Services**

- Nowhere to send anyone for mental health care in crisis
- Don't have enough detox centers
- Don't have inpatient treatment
- Only five beds for detox in one location
- Substance use services, including withdrawal management centers and naloxone distribution, identified as gaps

### **Specialty Care**

- Not enough doctors
- Limited specialty services requiring travel
- Getting into see a doctor or dentist is a big issue

### **Prenatal and Maternal Care**

- Despite relatively good prenatal care rates, access remains limited in some counties

### **Capacity Problems**

- Health care system is not built for this population
- Severely complicated patients require advanced resources
- Population growth outpacing provider availability

### **Continuity of Care**

- Limited coordination between services in some areas

- Difficulty with follow-up care

## **The Unique Needs of the Community**

### **Isolation and Distance**

- Large geographic area with dispersed population
- Frontier and agricultural communities
- Significant distances to specialized care services
- Isolation and lack of transportation go hand-in-hand, leading to depression

### **Infrastructure Gaps**

- Lack of crosswalks, bike lanes, traffic lights, and transportation
- Damaged roads and sidewalks
- No sidewalks or walkable neighborhoods in some areas
- Need for bus stops closer to where people live (20-25 minutes walking distance currently)

### **Non-English Speaking Communities**

- Need for Spanish-speaking providers and interpreters
- Clinics specifically for immigrants
- Services that don't discriminate based on language
- Providers who understand cultural differences and don't get upset when asking for an interpreter

### **Agricultural and Seasonal Workers**

- Rural migrant farmworkers facing unique access challenges
- Need for services accommodating work schedules

### **Native American Communities**

- Higher rates of homelessness
- Specific cultural and health care needs
- Data sovereignty and self-determination priorities

### **Older Adults**

- 65+ living alone
- Independent living difficulties
- Need for accessible exercise opportunities beyond daytime senior center classes

### **Housing Crisis**

- Affordable housing does not exist here now
- Can't live anymore without getting roommates
- Yearlong waitlist for welfare housing
- If trying to get welfare housing, there is a yearlong waitlist to get anything
- Lower-income population not going to be able to afford housing at all

### **Economic Insecurity**

- Living wage jobs identified as top priority (21% of respondents)
- 43% in Crook County specifically identified this as most important
- Increasing levels of poverty, rural poverty impacting health
- Prices rising while wages don't follow

### **Food Access**

- 11% experience food insecurity
- Need for grocery stores with healthy food options
- Limited access in rural areas

### **Mental Health Crisis Support**

- Nowhere to send anyone for mental health care in crisis

- Need for inpatient mental health care and crisis centers
- Early childhood mental health support (kids in school struggling with mental health issues)
- Isolation contributing to mental health challenges

#### **Substance Use Treatment**

- Withdrawal management centers (detox)
- Naloxone distribution
- Only five beds for 30-day inpatient programs in some areas
- Need for Narcan availability at all levels of society

#### **Preventive and Primary Care**

- More transparency in service pricing
- Extended provider hours
- Coordination between services
- Trust-building in health care system
- Quality health care services

#### **Dental Care**

- Major gap with only 15% having no place to go
- Long wait times (six months)

#### **Social Connection**

- Community gathering spaces (like Crescent Community Club)
- Programs addressing isolation, especially in rural areas
- Support for people just coming together and helping each other out

#### **Youth and Family Support**

- Recreational centers and community pools
- Places for kids to play
- Exercise opportunities beyond limited hours
- Child care services

#### **Emergency and Safety Services**

- Community Medic programs for rural areas
- Follow-up care after emergency transport
- Crisis intervention services
- Safe walking and biking environments

#### **Exercise and Recreation Access**

- Despite strengths in outdoor access, need for indoor facilities
- Recreation centers with pools (advocacy for many years)
- Accessible paths for walking or running
- Great parks with expanded trail systems
- Exercise classes beyond daytime hours

#### **Built Environment**

- Safe, walkable neighborhoods
- Better roads and infrastructure
- Traffic safety improvements

#### **Integrated Services**

- Better coordination between health care, mental health, and substance use services
- Connections between emergency services and ongoing care
- Holistic approaches addressing multiple needs simultaneously
- One-stop services for immigrant and non-English speaking populations

#### **Cultural Competency**

- Providers understanding diverse backgrounds

- Respect for cultural traditions and communication styles
- Services designed for specific population needs rather than one-size-fits-all approach

## **Strengths of the Community**

### **Social Cohesion and Civic Engagement**

- People are really very united
- A lot of people generally go to volunteer
- Community would all crowdsource and get funds and supplies for people who needed them during COVID
- Mutual aid helped a lot, in a nutshell coming together and helping each other out without government involvement

### **Strong Civic Participation**

- 98 business, labor, political, professional, athletic, civic, volunteer, and religious membership associations per 100,000 population
- Active community engagement
- Community members building each other up and pushing for things they deserve

### **Welcoming and Inclusive**

- Helpful, self-supportive, giving, kind, resilient, responsive, supportive, united, and welcoming community attributes identified by diverse groups
- Strong community support for youth safety and development

### **Love for the Outdoors**

- Nature oriented, preserving what we have around us
- Great parks with expanded trail systems
- Paths and all sorts of things to run or walk, take dog out, super accessible
- Surrounded by Cascade Mountain Range offering hiking, camping, and scenic drives

### **Park and Recreation Access**

- 78% live within a half mile of a publicly accessible park
- 93% in Deschutes County live in proximity to exercise opportunities (compared to 60-65% in other Central Oregon counties)
- Bend has 82 parks including playgrounds, off-leash dog parks, and community gardens
- Robust parks, campgrounds, and trail systems

### **Physical Activity Infrastructure**

- Free and low-cost community events: Movies in the Park, summer concerts, County Fair, Farmer's Market
- Fairgrounds/rodeo grounds access
- Recreational facilities and outdoor opportunities

### **Coordinated Care**

- Strong collaboration between tri-county public health departments, St. Charles Health System, and Federally Qualified Health Centers
- Providers meet monthly to identify challenges and solutions
- Ongoing communication and coordination between clinicians and organizations
- Despite limited providers, those available are dedicated to coordination

### **Specific County Strengths**

#### *Northern Klamath County*

- Crescent Community Club as central gathering location since 1950s
- Community Medic program addressing geographic isolation
- Acts as shelter/emergency center when needed

### *Crook County*

- Local coordination of care despite limited providers
- Outdoor recreation opportunities

### *Jefferson County*

- Prenatal care rates peaked at 93.7% (same as state, highest in Central Oregon pre-COVID)
- 79.3% first trimester prenatal care visits (2022)
- Youth physical activity: 11th graders exceed state average for 60+ minutes daily
- 8th grade physical activity increased 55% from 2019 to 2020

### *Deschutes County*

- Higher percentage of residents near exercise opportunities (93% vs 88% state average)
- More primary care providers (99 per 100,000 vs other Central Oregon counties)
- 81% of mothers began prenatal care in first trimester (2023)
- Lower infant mortality rate (<3.7 vs <4.3 state average)

### **Educational Institutions**

- Central Oregon Community College campuses
- Strong 4H program
- School systems with health initiatives

### **Cultural Heritage**

- Rich American history
- Unique cultural traditions, customs, and heritage
- Shared identity and values

### **Support Organizations**

- Robust Federally Qualified Health Centers (Mosaic Community Health)
- Hospital system with local critical access, urgent care, and family care
- Faith-based community support
- Organizations like Thrive, NeighborImpact, COIC

### **Communication Infrastructure**

- Emergency services
- Public spaces for gathering

### **Collaborative Partnerships**

- Working relationships with law enforcement, emergency management, and first responders
- Tri-County Public Health Partnerships
- Shared hospital and health center systems across counties
- Political support for increasing and developing health care access and services

### **Emerging Programs**

- Rural Healthcare Residency Program (2025)
- Central Oregon Community College Madras Expansion (health care and child care)
- Health and Wellness Campus development
- OHP enrollment support

### **Agricultural Base**

- Agriculture as natural resource and economic foundation
- Community connection to land and food production

### **Environmental Assets**

- Access to natural spaces promoting health and well-being
- Scenic landscapes supporting recreation and quality of life